

# **EXHIBIT “L”**

**ISAPLUS REQUEST**  
Insurance Service Account

203.92

FINANCIAL REPRESENTATIVE <u>Daniel Stein</u>		ISA NUMBER <u>9695701</u>
SERVICING NUMBER <u>77934</u>	AGENCY NUMBER <u>110</u>	LAST NAME <u>Wilson</u> FIRST NAME <u>Kenneth</u>

**ACCOUNT TYPE**

- ☒ ISA PLUS  
☐ Annuity - one contract per account  
 (Advanced Premium Requires form 90-1848)

**PAYMENT METHOD**

- ☒ EFT (Electronic Funds Transfer)  
☐ Checking Account  
☐ Savings Account - contact Bank for EFT information

**INITIAL PAYMENT WITH THIS REQUEST**

AMOUNT OF INITIAL PAYMENT

\$ 224.85

PAID BY

- ☐ Check  
☒ EFT (Electronic Funds Transfer)

(EFT Draw not allowed for Direct, MCB, or new accounts opened with existing policies)

**ONGOING PAYMENT TYPE**☒ Minimum☐ Select:☐ Annuity Billing Amount:

\$

\$

TRANSIT # (9 DIGITS)

02100002155511095365

ACCOUNT # (4 TO 17 DIGITS)

☐ Direct☐ MCB - Multiple Contract Bill:

MCB # (5 DIGITS)

**PAYMENT FREQUENCY**

- ☒ 1 Monthly (EFT Only) ☐ 3 Semi-Annual  
☐ 2 Quarterly ☐ 4 Annual

**FIRST PAYMENT DATE (after initial payment)**

Date of First Regular EFT Draft or First Due Date:

MONTH (1-12)

DAY (1-28)

YEAR (YYYY)

061212004**IMPORTANT:** Complete when ISA is activated with applications only.

Applicator Policy Number(s)	First 3 letters Insured's Last Name
<u>32635h</u>	<u>WIL</u>

**IMPORTANT:** Complete when ISA is activated with existing policies only

Existing Policy Number(s)	Loan Repayment only (Loan Only ISA) (Y/N)	LOAN REPAYMENT		
		I Interest (Y/N)	M Interest and Principal (Amount Required)	P Principal Only (Amount Required)
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$

**EFT AUTHORIZATION** - I am requesting the EFT payment method from either a checking or a savings account. I authorize the depository institution to debit my account for Electronic Fund Transfers, or other form of pre-authorized check, initiated by The Northwestern Mutual Life Insurance Company ("Company") to its own order. The Company may also make payments to me by Electronic Fund Transfers to my account. This authorization will remain in effect until revoked by me in writing or by other notice acceptable to the Company.

PLEASE PRINT

**SUBSTITUTE FORM W-9**

Request for Taxpayer Identification Number (See page 2 for INSTRUCTIONS)

PERSONAL NAME		FIRST		MIDDLE		LAST		BIRTHDATE (MM/DD/YYYY)	
<u>Kenneth</u>						<u>Wilson</u>		<u>12/31/1968</u>	
<input checked="" type="checkbox"/> MR <input type="checkbox"/> MRS <input type="checkbox"/> MS <input type="checkbox"/> DR <input type="checkbox"/> Other <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE									
OR BUSINESS/TRUST NAME									
STREET OR P.O. BOX								DAYTIME TELEPHONE NUMBER	
<u>70 Brooks, do Place</u>								<u>(212) 552-0217</u>	
CITY, STATE, ZIP (AND COUNTRY IF OTHER THAN USA)									
<u>New Rochelle, NY 10801</u>									

The undersigned payer: (1) requests the ISA Plus account and agrees to its terms as stated on pages 1 and 2 of this form, (2) if the EFT payment method is selected, provides the EFT authorization above, (3) provides the substitute Form W-9 certification below, and (4) acknowledges receipt of a copy hereof.

<b>CERTIFICATION</b> - Under penalties of perjury, I certify (1) that the number shown on this form is my correct Taxpayer Identification Number (or I am waiting for a number to be issued to me) and (2) that I am not subject to backup withholding because (a) I have not been notified by the IRS that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (b) if I ever was so notified, the IRS has notified me that I am no longer subject to backup withholding.		Taxpayer Identification Number Enter the taxpayer identification number in the appropriate box below. For most individual taxpayers, this is the social security number. For corporate entities, this is the Employer Identification Number.	
SOCIAL SECURITY NUMBER <u>11416312549</u>		EMPLOYER IDENTIFICATION <u>05122/04</u>	
PAYEE'S SIGNATURE REQUIRED <u>X Kenneth P. Wilson</u>		DATE (MM/DD/YYYY) <u>05/22/04</u>	

Send to Policyowner Services, Disability Income, or Annuity &amp; Accumulation Department

**ATTACH TO APPLICATION**

IR-1530 (08/12)

(See reverse for complete routing instructions)

WORD &amp; P